

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012674

DO NOT WRITE  
ON THIS STUB

AMENDED

Filed MAR 22 1963 Primary Registration District No. 2052 Registrar's No. 99

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
Length of stay in 1b <u>70 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>724 W. 6th</u>	
3. NAME OF DECEASED (Type or print) First <u>GAYL</u> Middle <u>HALLAM</u> Last <u>COURTNEY</u>		4. DATE OF DEATH <u>Mar. 16th</u> Month <u>Mar.</u> Day <u>16th</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 18, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Dresden, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER COURTNEY</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bracal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>461</u>	
17. INFORMANT <u>William Courtney</u>		Address <u>Mexico, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Wremia</u> DUE TO (b) <u>Pneumonia, bilateral</u> DUE TO (c) <u>Cerebral vascular accident, hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>11 days</u> <u>2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinsonism</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>5:30 P.</u> Month, Day, Year <u>March 1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5 March 1959</u> to <u>17 March 1963</u> and last saw him alive on <u>17 March 1963</u> . Death occurred at: <u>5:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarer or title) <u>Stanley S. Fisher M.D.</u>		22b. ADDRESS <u>500 West 16th Sedalia, Mo.</u>	
22c. DATE SIGNED <u>18 Mar. 63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 19, 1963</u>	
23c. LOCATION (City, town, or county) <u>Sedalia Mo</u>		23d. LOCATION (City, town, or county) <u>Sedalia Mo</u>	
24. FUNERAL DIRECTOR <u>M. Laughlin Bros - Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>March 19, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>		27. REGISTRAR'S SIGNATURE <u>D. Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

1967  
MAR 2

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. P. M. Leary*

Licensed Embalmer No.

3153

P. O. Address

*Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.